No. 2
2-45
7-39
X47070

Neudorf 9th & Char

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32094

FILED NOV 1 1948

Registration District No. 42 — Primary Registration District No. 1000 — Registrar's No. 1140

1. PLACE OF DEATH:
(a) County: BUCHANAN
(b) City or town: ST. JOSEPH (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1116 OLIVE Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ... In this community: 60 DAYS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Clinton
(c) City or town: Lathrop (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: JOHN HENRY QUALLS
3. (b) If veteran, name war: ??
3. (c) Social Security No. 569-28-3651
4. Sex: MALE
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Not stated
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased: January 11, 1873 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	9	11	hr. min.

9. Birthplace: Algood (City, town, or county) — Tenn (State or foreign country)
10. Usual occupation: Farmer (retired)
11. Industry or business
FATHER 12. Name: Ira Qualls
13. Birthplace: ---- (City, town, or county) — Tenn (State or foreign country)
MOTHER 14. Maiden name: Unknown
15. Birthplace: unknown (City, town, or county) — unknown (State or foreign country)
16. (a) Informant: Jesse Qualls
(b) Address: Lathrop Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lathrop Mo
18. (a) Signature of funeral director: DeMoss Crunk
(b) Address: Cameron Mo
19. (a) 10-28-48 (Date received local registrar) (b) E. C. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 22 year 1948 hour 11 minute 20 A.M.
21. I hereby certify that I attended the deceased from Sept 2, 48 to Oct 22, 1948 that I last saw him alive on Oct 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Bronchiogenic Carcinoma	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations / Of autopsy	PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Louis G. Neudorf M.D. (M.D. or other)
Address: 805 Charles Street — Date signed 10/26/48

(Licensed Embalmer's Statement on Reverse Side) St. Joseph, Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harold L. Walker

Licensed Embalmer No. 45-88

P. O. Address Lathrop Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.